



P.O. Box 489
 Fremont, NE 68025
 PHONE: 402-721-3020 • FAX: 402-727-8712
 TOLL-FREE: 800-228-9842

Owner-Operator Van and Flatbed Drivers

We understand that there's more to life than trucking, that's why FCC's dispatch strategy is designed to keep you productive while "at the office," and get you home weekly to enjoy the time off you deserve with your family and friends.

Exclusive FCC Benefits for Owner-Operator Drivers:

- Assigned dispatch
- No forced dispatch
- No cost rider program
- Competitive health benefits available
- Available truck wash on site
- License bonus
- Paid Fuel, Mileage, and Ad Valorem Taxes
- Northeast Bonus
- Safety Bonus
- Open Door Policy
- **New Maintenance Facility**
- Free Laundry
- Fitness room
- Oversized shower rooms (Free showers)
- Driver lounge equipped with microwave ovens, refrigerator, kitchen sink, leather high back lounge chairs, 48" wide screen satellite TV,
- Phone room equipped with high speed DSL internet access.

Haz-mat Not Required

Call 1-866 – 946 – 4322, to get the complete list of our exclusive benefits

Fremont Contract Carriers is committed to hiring the best of the best. If you're a professional over-the-road driver looking for high production, home weekly, while working in a family environment, then take your next step.

*******Enjoy the Life Style You Deserve*******

Call 1-866-946-4322 or visit us at www.fcc-inc.com and download an application today. Fax# 402-727- 8712

APPLICATION FOR QUALIFICATION

Fremont Contract Carriers, Inc.
865 South Bud Blvd, P.O. Box 489
Fremont, Nebraska 68026-0489

The purpose of this application is to determine whether or not the Applicant is qualified to operate motor carrier equipment according To the requirements of the Federal Motor Carrier Safety Regulations And the Company named above.

FOR OFFICE USE ONLY

Received on:

Safety:

Instructions to Applicant

Date _____

Check One:

Owner Operator

Company Driver

Fleet Contractor Driver

Fleet Contractor Name: _____

OWNER OPERATORS ONLY

Truck Make: _____ Model: _____

Year: _____ Approx Miles: _____

Wheel Base: _____ Weight (w/fuel) _____

Name _____

FIRST

MIDDLE

LAST

Social Security Number _____ CDL State _____ CDL number _____

Phone Number (____) _____ Emergency Phone Number (____) _____

*Age _____ Date of Birth _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Physical Exam Expiration Date _____

Current & Three Years Previous Addresses

| | | |
|-------|------------|----------|
| _____ | From _____ | To _____ |
| _____ | From _____ | To _____ |
| _____ | From _____ | To _____ |
| _____ | From _____ | To _____ |

Education

Please check the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Employment History

Give a **Complete Record** of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

(Use additional Employment History Information Form if Necessary)

***** Any gaps in Employment and/or unemployment must be explained!**

| | | |
|---|--------------|----------------------------------|
| Mo/Yr | Mo/Yr | Present or Last Employer: |
| From _____ | To _____ | Name _____ |
| Position Held _____ | | Address _____ |
| Reason For Leaving _____ | | Phone # _____ |
| Were you subject to FMCSRs ** while employed? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no | | |

| | | |
|---|--------------|----------------------------------|
| Mo/Yr | Mo/Yr | Present or Last Employer: |
| From _____ | To _____ | Name _____ |
| Position Held _____ | | Address _____ |
| Reason For Leaving _____ | | Phone # _____ |
| Were you subject to FMCSRs ** while employed? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no | | |

| | | |
|---|--------------|----------------------------------|
| Mo/Yr | Mo/Yr | Present or Last Employer: |
| From _____ | To _____ | Name _____ |
| Position Held _____ | | Address _____ |
| Reason For Leaving _____ | | Phone # _____ |
| Were you subject to FMCSRs ** while employed? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no | | |

| | | |
|---|--------------|----------------------------------|
| Mo/Yr | Mo/Yr | Present or Last Employer: |
| From _____ | To _____ | Name _____ |
| Position Held _____ | | Address _____ |
| Reason For Leaving _____ | | Phone # _____ |
| Were you subject to FMCSRs ** while employed? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Was your job Designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no | | |

| | | |
|---|--------------|----------------------------------|
| Mo/Yr | Mo/Yr | Present or Last Employer: |
| From _____ | To _____ | Name _____ |
| Position Held _____ | | Address _____ |
| Reason For Leaving _____ | | Phone # _____ |
| Were you subject to FMCSRs ** while employed? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Was your job Designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no | | |

** (FMCSRs) Federal Motor Carriers Safety Regulations

Driving Experience

| Class of Equipment | Dates | | Approximate Number of Miles (Total) |
|--------------------------|-------|----|-------------------------------------|
| | From | To | |
| Straight Truck | | | |
| Tractor and Semi-trailer | | | |
| Tractor-two trailers | | | |
| Other | | | |

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc): _____

Accident Record for past three years (attach sheet if more space is needed)

| Date of Accident | Nature of Accidents (Head on, rear end, upset, etc.) | Location of Accident | # of Fatalities | # Of People Injured |
|------------------|--|----------------------|-----------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
| | | | |
| | | | |
| | | | |

Driver's license (list each driver's license held in the past three years)

| State | License # | Type | Endorsements | Expiration Date |
|-------|-----------|------|--------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been convicted of a felony? Yes No
- D. Have you ever violated any Federal Motor Carrier Safety Administration drug or Alcohol regulation? Yes No
- E. If applicable, have you successfully completed return to duty requirements following Violation of a DOT drug or alcohol regulation? Yes No

If the answers to A, B, or C is "Yes", give details _____

Referral

How did you hear about FCC? If another driver referred you, please let us know whom that was in the space provided below.

I heard about FCC from Ad in paper Internet Another driver Other

The driver that referred me to FCC was _____ OR his / her truck number was _____

To Be Read and Signed by Applicant

It is the policy of Fremont Contract Carriers to provide an equal employment work environment to all employees, applicants and contractors without regard to race, color, national origin, religion, sex, marital status, pregnancy, ancestry, disability or age and to make all employment related decisions consistent with this policy.

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty and will eliminate me from any current or future consideration for employment or affiliation with Fremont Contract Carriers, Inc.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me in any manner. Should I be qualified by Fremont Contract Carriers and employed, I understand that my employment is considered entirely "at-will". I understand that my employment can be terminated by FCC at any time with or without cause and with or without notice.

Furthermore, this application and any subsequent offer of employment from Fremont Contract Carriers will not constitute any type of employment contract between Fremont Contract Carriers and me. I understand that FCC does not offer employment contracts nor does it guarantee any minimum length of employment.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

Disclosure and Release

In connection with my application for employment (including contract for services) with Fremont Contract Carriers, I understand that consumer reports which may contain public record information may be requested from DAC services, Tulsa, Oklahoma. These reports may include the following types of information: NAMES AND DATES OF PREVIOUS EMPLOYERS, REASON FOR TERMINATION OF EMPLOYMENT, WORK EXPERIENCE, ACCIDENTS, ETC. I further understand that such reports may contain public record information concerning my DRIVING RECORD, WORKERS COMPENSATION CLAIMS, CREDIT, BANKRUPTCY PROCEEDINGS, CRIMINAL RECORDS, ETC. from federal, state and other agencies which may maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me, which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Services.

I hereby authorize procurement of consumer reports. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security Number

Applicants Signature

Date

**CONFIDENTIAL
INQUIRY TO PAST EMPLOYERS**

To:

I hereby authorize this company to release all records of employment, including assessments of my job performance, abilities and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with FCC. I hereby release and agree to hold harmless the above named employer from any and all liability of any type as a result of providing the following information to FCC.

SIGNATURE: _____ DATE: _____

From: Driver Recruiting
Fremont Contract Carriers, Inc.
P.O. Box 489
Fremont, NE 68026 Phone: (800) 228-9842 ext 137 Fax: (402) 727-8712 ext 137

To: _____

Applicants Name: _____ SS#: _____

Position Applied For: _____

Did the Applicant Work for You as a:

From: _____ To: _____ YES NO

If NO, please explain: _____

If employed as a driver, please respond to the following:

Company Driver: Owner/Operator: Other: _____

Type of Tractor: _____ Type of Trailer: _____

Commodities Transported: _____

General Area of Operation: _____

Accidents History? (past 3 years)

| Dates | Preventable | Description |
|-------|--|-------------|
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Citations? _____

License Suspension? YES NO Type of License: _____ State: _____
License #: _____

Any Problems With Bonding? YES NO If Yes, Explain: _____

Why Did This Employee Leave Your Company? _____

Would You Re-Employ This Person? YES NO If No, Explain: _____

Please provide the following drug & alcohol information as required by FMCSR Part 391.23

Has this person tested positive for a controlled substance? { }Yes { }No
Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? { }Yes { }No
Has this person had an alcohol test with a Breath Alcohol Concentration of 0.02 or 0.04? { }Yes { }No
Has this person refused a required test for drugs or alcohol? { }Yes { }No
Has this individual violated other DOT drug/alcohol regulations? { }Yes { }No
Have you received information from a previous employer that this individual violated DOT Drug/alcohol regulations? { }Yes { }No

If yes to any of the above questions, please give SAP's name, address, and phone number. _____

Additional Comments: _____

Signature: _____ Title: _____ Date: _____

Company: _____

Fremont Contract Carriers, Inc.

FCC

Fremont Contract Carriers, Inc.

P.O. Box 489
Fremont, NE 68026-0489
PHONE: 402-721-3020 • FAX: 402-727-8712
TOLL-FREE: 800-228-9842

FMCSA Pre-Employment Screening Disclosure and Release

In connection with your application for employment with Fremont Contract Carriers, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier and Safety Administration ("FMCSA"). If the prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

I authorize Fremont Contract Carriers, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to my be Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature

Date

Name (Please Print)

FREMONT CONTRACT CARRIERS NEW INDEPENDENT CONTRACTOR CHECKLIST

This form needs to be completed in full and returned with your application for qualification.
Applications received without this form cannot be processed.

| | | |
|--|--------------------------|--------------------------|
| What is the year of your truck _____ | YES | NO |
| Is your 5 th wheel no higher than 47 ½ inches when level? (please measure). | <input type="checkbox"/> | <input type="checkbox"/> |
| FCC requires all Owner Operators to have load secure equipment including a door/king pin lock. Do you currently own your own secure equipment and a king pin lock? (Pin locks and load secure equipment can be purchased through FCC Parts at a discounted price) | <input type="checkbox"/> | <input type="checkbox"/> |
| At the start of lease we prefer all tires have 10/32 or more tread depth. Please measure, are you compliant? If less, please call FCC to discuss. | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your truck have any oil leaks? (dripping on ground) | <input type="checkbox"/> | <input type="checkbox"/> |
| Does all your brake shoes have linings that are 50% or better and no cracks? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your windshield free from cracks and severe pitting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a current DOT inspection? If yes, please provide copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your truck have any visible cracks, dents and/or other body damage exceeding \$500.00 in repair cost? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes please explain. _____ | | |
| If going into the Van Division, exhaust stack height must be 13'3" or higher and turn to the side. Straight pipes are permissible. Is your truck compliant? | <input type="checkbox"/> | <input type="checkbox"/> |
| If going into the Flatbed Division, exhaust stack height must be higher than highest point above the roof line and turned to the side. Is your truck compliant? | <input type="checkbox"/> | <input type="checkbox"/> |
| In the Dry Van Division at FCC, you will be expected to carry 46,000 lbs. of cargo. Pulling a dry van trailer that weighs 14,100 lbs., will you be able to scale 46,000 lbs.? | <input type="checkbox"/> | <input type="checkbox"/> |
| In the Flatbed Division at FCC, you will be expected to carry 48,000 lbs. of cargo. Pulling a flatbed trailer that weighs 11,180 lbs., will you be able to scale 48,000 lbs. | <input type="checkbox"/> | <input type="checkbox"/> |

Some other items include:

- 1) Inspection – We strongly recommend that you have your truck DOT inspected by a good authorized shop PRIOR to bringing your truck to FCC. This will help catch all or most problems that may exist, and have them repaired before you arrive in Fremont.
- 2) Truck Weight -Your truck will be weighed at the expense of FCC, and inspected the first morning that you arrive for orientation. Fuel Tanks must be full of fuel and, if going into the flatbed division, all flatbed gear needs to be placed on the tractor. You must be in the truck at the time of the weighing.
- 3) Decals - Make sure your current decals are off the truck before the truck arrives in Fremont. This will allow us to get your truck inspected and prepped much faster.
- 4) FCC Decals- Must be placed on cab door or sleeper. They cannot be on the fuel tanks or steps.
- 5) Qualcomm - FCC uses Qualcomm for its mobile communications provider. (2 piece System) If you have had Qualcomm in your truck before, call FCC about leaving the cable in if it's currently wired for 2 pc system. We will try to use your existing mount / holes. If we cannot, you will be notified prior to drilling holes or using other means to mount the dome.

This checklist is provided to you so you know what you will encounter once you arrive with your truck at FCC. If you cannot meet all of these criteria, it will cause a delay in the leasing process and can possibly result in us not being able to lease your truck at all.

We take a lot of pride, just as you do, in the overall appearance and reliability of our fleet. Our customers notice these things and, more importantly, the Department of Transportation knows FCC to be a quality carrier with properly maintained equipment.

If you have any questions on any of these items, please contact Scott Steffensmeier at 1-800-228-9842, ext. 137 or 1-866-946-4322

| | | |
|----------------------|---------|------|
| | | |
| Applicants Signature | Address | Date |

Truck Information:

Please complete this form and send in with your application.

Year _____ Make _____ Model _____

VIN _____

Do you have the truck paid off? YES NO

If No, are you in a lease-purchase agreement or working with a Finance Company? -

List the name of finance company or name of the person/company that you are lease-purchasing the truck from?

Name: _____

Address: _____ City _____ State

What is your current monthly payment? \$ _____/ month

Are you current on your payments? YES NO

If not, please explain. _____

All trucks under contract with Fremont Contract Carriers must have physical damage and bobtail insurance. If you currently have this coverage, you will need to bring a copy of an ACORD Certificate of Insurance with you to Orientation.

If you need physical damage, or bobtail insurance, we can provide that for you through True North Companies at a very competitive rate. Please call your FCC recruiter to inquire about your monthly premium rate.

Are you interested in physical damage insurance? YES NO

Are you interested in purchasing bobtail insurance? YES NO

Are you interested in FCC's truck payment reserve program
(No admin fees)? YES NO

Are you interested in FCC's truck maintenance reserve program
(No admin fees)? YES NO

Would you like to purchase load secure equipment through FCC's Parts room. YES NO

Applicants Name

Print _____

Signature _____

INDEPENDENT CONTRACTOR INFORMATION

HIGHLIGHTS

**HOME WEEKLY
ASSIGNED DISPATCHER
NO FORCED DISPATCH
RIDER PROGRAM
FUEL, MILEAGE, AND AD VALOREM TAXES PAID BY FCC
TWO DIVISIONS AVAILABLE, DRY VAN AND FLATBEDS
AIR-RIDE TRAILER EQUIPMENT**

COMPENSATION

Base Pay

All independent contractors are paid for both loaded and empty miles. All settled miles are paid as follow

| Loaded mileage | Dry Van | Flat Bed |
|----------------|---------|----------|
| 0-250 | \$ 1.08 | \$ 1.11 |
| 251-500 | \$.95 | \$.98 |
| 501-700 | \$.93 | \$.96 |
| 701-1000 | \$.92 | \$.95 |
| 1001-1200 | \$.91 | \$.94 |
| 1201 & over | \$.88 | \$.91 |
| Deadhead miles | \$.80 | \$.80 |

***Minimum trip pay is \$150.00**

Northeast Bonus

\$30.00 on loads terminating or having stop-offs in DC, DE, MD, W. PA (pts West of I-81), W. NY (pts West of I-81), also Ontario (ON), and Quebec (PQ).
\$85.00 on loads terminating or having stop-offs in E. PA, (pts on and East of I-81).
\$105.00 on loads terminating or that has stop-offs in NJ, E. NY (pts. on and East of I-81).
\$125.00 on loads terminating or that has stop-offs in CT, RI, MA, VT, NH, & ME.
\$185.00 on all loads terminating or that have stop-offs in NYC (5 boroughs and Long Island).

Fuel Surcharge

Formula based on 5.5 mpg, on all loaded miles.

Stop-pay

\$75.00, 1st additional stop, and \$100.00 for any and all stops thereafter.

Detention

75% of what is collected from customer, with a \$30.00 min.

Loading / Unloading

100% of what is collected from the customer

Tarp Pay (flatbed)

\$50.00 on high tarp loads.
\$30.00 on low tarp loads.
\$10.00 for re-tarping

BONUS

License Bonus

Travel 120,000 or more paid miles in a calendar year FCC will pay the full cost of license and permits for the next year provided the contractor renews their lease for that next year.

Safety Bonus

\$0.01 per paid mile for a calendar year, if there are no preventable accidents, no citations for any moving violations, no false logs pursuant to DOT inspection and no more than one log violation, traffic violation (warning) or out-of-service equipment violation pursuant to DOT inspection for the calendar year. Annual minimum paid mileage required for this bonus is a consecutive 100,000. This bonus is to be paid at the end of the quarter following completion of each calendar year. For those independent contractors that join FCC, and their first year under lease (lease date through December 31st) does not amount to a full 12-month period, we do not provide a partial bonus program, Contractor still needs at least 100,000 consecutive paid miles to receive a safety bonus in this partially active year.

Contractor must be actively leased to FCC at the time bonuses are issued to qualify.

FUEL, MILEAGE, AND AD VALOREM TAXES

FCC currently pays fuel, mileage, and Ad Valorem taxes on independent contractors. We do ask that you use your best judgment when making fuel purchases to keep these costs down to a minimum.

LICENSING

Base Plate First year under lease is paid by the contractor (lease date through December 31). See the “*License Base Plate Bonus*” section herein for more information.

Permits FCC pays for all permits after completing your first full calendar year under lease with FCC.

INSURANCE

For those independent contractors without their own coverage, FCC has the following insurance plans available offered at our fleet discount.

Bond \$1,000.00 bond due after first 30 days of contract taken out in \$250.00 weekly deductions.

Bobtail \$30.00 per month, minimum limit of \$1,000,000

Physical Damage \$2.00 per \$1000 of value of the truck per month, with a \$1000 deductible.

Workers Compensation \$156.00 a month for owner operators, fleet contractors drivers \$440.00 a month.
/OCC-ACC

Liability FCC pays for this coverage; however the contractor is responsible for the \$1,000.00 deductible.

Cargo \$27.00 per month in lieu of FCC’s agreement to waive the cargo insurance requirement.

AVAILABLE BENEFITS

Health Insurance Independent Contractor benefit package available through True North Insurance. Call to get the list of benefit options available to you.

Other Insurance Universal Life, Dental (PPO), Vision, Short Term Disability, and 401 K plan.

Rider Program FCC provides a no-cost rider program to qualified drivers. To become qualified, A driver must attain 90 calendar days under lease while incurring no preventable accidents and no moving violations.

TRUCK SPECIFICATIONS

Please refer to the NEW INDEPENDENT CONTRACTOR CHECKLIST for truck specifications.

TRUCK DECALS

Please refer to the FCC POLICY ON INDEPENDENT CONTRACTOR DECAL REQUIREMENTS for specific direction on truck decals.